

**GARDENS OF FOREST LAKE CONDO ASSN., INC.
PET REGISTRATION FORM**

(Must be completed in its entirety prior to animal being permitted on the premises)

Owner's Name: _____

Address and Unit No.: _____

Contact Phone No.: _____

Tenant's Name: _____

Contact Phone No: _____ Email: _____

Weight of Pet _____

Breed and Description*: _____

*(Picture of the pet s required to be supplied with this form for identification purposes along with Vaccine records)

I hereby certify that the pet is current on all licensing and vaccination requirements.

I have read, understand, and agree to abide by the Association's rules and regulation's for pets.

Unit Owner (Signature)

Date

The Board of Directors has approved your request to have a pet on the premises.

Signature _____

Board of Director

Date _____